And the second s	and the state of the second state of the second state of an and an article of the second seco		and the second s
PLACE OF BIRTH			
1. County of	ARIZO	NA STATE BOA	RD OF HEALTH
District of	BUREAU OF	VITAL STATISTICS	State Index No. 10/
Town of	ORIGINAL CERT	TFICATE OF BIRTH	County Registrar No.
or Iloba			Local Registrar No.
City of	/ (If birth occurred in a	hospital or institution, give	St. Ward its NAME instead of street and number)
2. Full name of child	hSal	ed of	If child is not yet named make
3. Sex of Child To be answered ONI in event of plural	Y 4. Twin, triplet or o	ther 6. Legitimate?	supplemental report, as directed.
Temale births.	5. No., in order of l	oirth	of birth Month day year
S. FATHER	Δ 4	14.	MOTHER
Full name Louis La	leedo	Full maiden name	nargaret Loke
9. Residence (Usual place of abode)	1 lobe	15. Residence (Usual place of al	ander Globeld
If nonresident, give place and state	aris.	If nonresident, give pl	
10. Color or ruce		16. Color or race	7
Mey. 11. Age at las	it birthday (Years	mey.	7. Age at last birthday (Years)
12. Birthplace (city or place)	orenci	18. Birthplace (city or pl	PATON
(State or country)	ariz.	(State or country)	(Oal.)
13. Occupation	\ 0 \ \ -	19. Occupation	1 .11
Nature of industry		Nature of industry	Housewife
9. Number of children of this mother		<u>li .</u>	
Taken as of time of birth of child herein	(a) Born alive and now (b). Born alive but now d (c) Stillborn	tiving / 21. Were proceed thalmia	recautions taken against opk- neonatorum?
CERTIFIC	ATE OF ATTENDING	PHYSICIAN OR MIDV	WIEE -
hereby certify that I attended the birth o	i this child, who was	- maceu	it 9:40 m. on the date above stated.
*When there was no attending physician midwife, then the father horrelelder		rn alive or stillborn.)	사용 기계 등록 기계 등로 기계
midwife, then the father, householder, e should make this return. A stillborn of is one that neither breathes nor shows of widesees of life.	her	1. Harper	(Physician or midwife)
supplemental report	) Address	Just e	anyona
Month, day, yes		1928 2	Alocal Registrar.
Registrar.	Filed		
42.45 B. C.	6-302-4	39	County Registrar.

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